

OCT 20 2008

FACSIMILE TRANSMITTAL TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE

To:	FACSIMILE No.:	TELEPHONE No.:
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Arlington, VA 22313-1450	(571) 273-8300	() -
ATTENTION:	<i>Examiner:</i> PHAN, R. <i>Art Unit:</i> 2181	

FROM:	TELEPHONE No.:
Peter Zawilski, Reg. No. 43,305	(408) 474 - 9063
RE:	<i>Serial No.:</i> 09/640,729 <i>Attorney Docket No.:</i> D99107

TRANSMISSION INCLUDES:

7 Pages (including cover sheet)

Power of Attorney w/ Statement under 37 CFR 3.73(b) -2 pagesDeed of Transfer of Patents -4 pages

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office at the number listed above	
on <u>20 OCT 2008</u> 2008	by <u>Peter Zawilski</u> Peter Zawilski

1109 McKay Drive
San Jose, CA 95131
408-434-3000

www.nxp.com



RECEIVED
CENTRAL FAX CENTER

2/7

OCT 20 2008

PTO/SB/81 (07-08)

Approved for use through 12/31/2008, QMS 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/640729
	Filing Date	Aug 17, 2000
	First Named Inventor	Hertwig, Alex
	Title	Memory Sharing Arrangement for an Integrated Multiprocessor System
	Art Unit	2181
	Examiner Name	PHAN, R.
	Attorney Docket Number	D99107

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 10px; display: inline-block;">65913</div>										
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
Practitioner(s) Name	Registration Number										

Please recognize or change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:	
<input type="checkbox"/> Firm or Individual Name	
Address	
City	State Zip
Country	
Telephone	Email

I am the:

☐ Applicant/Inventor.**OR**☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Peter S. Zawilski</i>	Date	20 OCT 2008
Name	Peter S. Zawilski, Reg. No. 43,305	Telephone	(408) 474-9063
Title and Company	Authorized Representative, NXP, B.V.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/86 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: NXP. B.V.

BEST AVAILABLE COPY